



STATE OF MARYLAND

**DHMH**

Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor – Van Mitchell, Secretary

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**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

4201 Patterson Avenue,  
Baltimore, Maryland 21215 – 2299

Web Site: [www.dhmh.maryland.gov/bswe](http://www.dhmh.maryland.gov/bswe)

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

**CONTINUED APPROVAL – ALL LICENSE TYPES**

July 2015

Dear Applicant:

**PLEASE NOTE: The application instructions include everything you need to know about applying for approval to take the licensing examination and obtaining a license in Maryland.**

**Please review all of the material very carefully.**

Enclosed is an application for **CONTINUED APPROVAL** to sit for a licensing examination.

Continued approval means that the Maryland Board of Social Work Examiners (the “Board”) previously approved an application, permitting the applicant to sit for the required licensing examination.

Please note that the **application fee is non-refundable.**

**PLEASE SUBMIT ORIGINAL COPIES OF ALL FORMS** and keep a copy for your records

**The application for continued approval must meet the current licensing requirements. Your previous application will be reviewed along with the application for continued approval. You will be contacted if any additional information or documentation is needed.**

If you have any questions, please contact the Board office at 410-764-4788 - toll free 1-877-526-2541.

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410-764-4788 or Toll Free: 1-877-526-2541 [www.dhmh.maryland.gov/bswe](http://www.dhmh.maryland.gov/bswe)

## **APPLICATION FOR CONTINUED APPROVAL**

### **INSTRUCTIONS**

**ALL DOCUMENTATION MUST BE ORIGINAL, ON THE FORMS CURRENTLY IN USE BY THE BOARD AND SUBMITTED AS A COMPLETE APPLICATION PACKET**

**DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED**

**ALL SECTIONS OF THE FORMS SHOULD BE COMPLETED IN BLUE INK**

#### **CHECK LIST:**

Please use the following check list to be certain your application packet is complete.

- ☐ Check or money order, payable to the Maryland Board of Social Work, for \$100
- ☐ Application form
- ☐ Three Professional Reference Forms
- ☐ Official BSW or MSW transcript should be on file with the Board  
(do not submit unless requested)
- ☐ For Advanced Generalist or Clinical examinations, the documentation of social work experience and social work supervision should be on file with the Board (do not submit unless requested)
- ☐ **Criminal History Records Check (CHRC)**
  - First submit your completed application then complete the CHRC
  - **If a CHRC was done for another purpose, a “NEW” CHRC is required for licensing.**

**PLEASE DO NOT SEND THE ITEMS LISTED ABOVE SEPERATELY**

PLEASE NOTE: Applicants will be **notified** of the status of their applicant through the **email address** provided on the application form. Please be sure your email address is legible, accurate and current. Set your computer to accept emails from the Board so the notifications do not go into **SPAM**. Please provide the Board with changes in your email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

### **DOCUMENTATION:**

All documentation and required forms must be mailed to the Board in **one** application packet. The applicant must use the forms currently in use by the Board and the forms should contain original signatures in blue ink. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

### **APPLICATION FORM:**

All items on the application form must be completed and the "Applicant's Affidavit" must be signed and dated. It does not need to be notarized.

### **NAME:**

Your name will appear on all documents and correspondence as you list it on the application form. Please note:

- 1) the name must be your **legal** name
- 2) the name on your driver's license or identification card must match
- 3) the license will be issued in the name listed on your application

### **RACE / ETHNIC IDENTIFICATION:**

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

### **QUESTIONS #1 THROUGH #5:**

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed narrative/explanation. For question #4 also provide a certified copy of the police/court record and final disposition AND, as soon as possible, initiate the Criminal History Records Check.

### **CRIMINAL HISTORY RECORDS CHECK:**

A Criminal History Records Check through the Department of Public Safety and Correctional Services - Criminal Justice Information Systems - Central Repository is required under the social work statute. An excerpt from the Board's statute is below and section (e) (2) outlines what the Board should consider when reviewing the reports. All reviews are conducted on a case by case basis.

### **Article - Health Occupations Title 19. Social Workers. Subtitle 3. Licensing.**

#### **§19-302.2. Criminal history records checks.**

- (a) In this section, "Central Repository" means the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services.
- (b) As part of an application to the Central Repository for a State and national criminal history records check, an applicant shall submit to the Central Repository:
  - (1) A complete set of legible fingerprints taken on forms approved by the Director of the Central Repository and the Director of the Federal Bureau of Investigation;
  - (2) The fee authorized under § 10-221(b)(7) of the Criminal Procedure Article for access to State criminal history records; and
  - (3) The processing fee required by the Federal Bureau of Investigation for a national criminal history records check.
- (c) In accordance with §§ 10-201 through 10-228 of the Criminal Procedure Article, the Central Repository shall forward to the Board and to the applicant the criminal history record information of the applicant.
- (d) If an applicant has made two or more unsuccessful attempts at securing legible fingerprints, the Board may accept an alternate method of criminal history records check as permitted by the Director of the Central Repository and the Director of the Federal Bureau of Investigation.
- (e) (1) Information obtained from the Central Repository under this section:
  - (i) Is confidential and may not be disseminated; and
  - (ii) May be used only for the licensing purpose authorized by this title.
- (2) In using information obtained from the Central Repository under this section to determine whether to issue a license, the Board shall consider:
  - (i) The age at which the crime was committed;
  - (ii) The circumstances surrounding the crime;
  - (iii) The length of time that has passed since the crime was committed;
  - (iv) Subsequent work history;
  - (v) Employment and character references; and
  - (vi) Other evidence that demonstrates whether the applicant poses a threat to the public health or safety.
- (f) The subject of a criminal history records check under this section may contest the contents of the printed statement issued by the Central Repository as provided in § 10-223 of the Criminal Procedure Article.

**If an applicant wishes to contest the results, the applicant must submit a written explanation, to the Board, within 6 months of the date of the report and provide legal documentation which refutes the results.**

### **PROFESSIONAL REFERENCE FORMS:**

Using the enclosed forms, applicants are required to submit three (3) professional references. References may be from supervisors, colleagues, administrators etc. The references can be but do not have to be completed by social workers. Friends and relatives cannot be references.

### **ASSOCIATION OF SOCIAL WORK BOARDS (ASWB) EXAMINATIONS:**

**Without exception**, all applicants must pass the examination administered by ASWB which is required for the licensure level. [www.aswb.org](http://www.aswb.org)

**The examination fee is paid to the ASWB**, the examinations are taken on computers and can be scheduled Monday through Saturday. The applicant knows immediately if she/he passed or failed the examination.

### **OFFICIAL SCORE REPORT:**

Once a week, the Board receives from ASWB, the pass and fail scores of all the Maryland applicants who took the test the prior week.

### **EXAMINATION REVIEW:**

The Board adheres to ASWB's policy which does not permit candidates to review failed examinations.

### **OFFICIAL ADDRESS OF RECORD:**

Please note that the address provided to the Board is the official address of record and is considered part of a public record.

### **NOTIFICATION OF CHANGE IN NAME OR STREET ADDRESS OR EMAIL ADDRESS:**

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

### **USE OF DATES:**

When a date is requested, please enter a date (month/day/year). Do NOT use the expression "to the present." It is appropriate to enter a date and also indicate "ongoing."

### **FEE:**

A \$100.00 non-refundable application fee, payable to the Maryland Board of Social Work Examiners, by check or money order, is due with the application.

**A \$75 non-refundable initial license fee is required after the applicant passes the examination.**

**DO NOT SUBMIT THE \$75 FEE WITH THE APPLICATION**

**CJIS – CRIMINAL JUSTICE INFORMATION SYSTEM:**  
**AND**  
**CHRC – CRIMINAL HISTORY RECORDS CHECK:**

**I FOR APPLICANTS WHO RESIDE IN MARYLAND:**

- 1) LIVESCAN PRE-REGISTRATION FORM – LOCATED ON THE NEXT PAGE
- 2) TAKE THIS FORM TO A FINGERPRINTING LOCATION IN MARYLAND
- 3) **DO NOT MAIL THIS FORM TO THE BOARD OF SOCIAL WORK**
- 4) **DO NOT SEND ANY RECEIPTS TO THE BOARD OF SOCIAL WORK**
- 5) THE BOARD RECEIVES THE CHRC ELECTRONICALLY AND DIRECTLY FROM CJIS

**FOR FAST AND ACCURATE SERVICE**

1. If you are requesting a background check for licensing purposes you must use the Maryland Board of Social Work Examiner' name and authorization numbers, listed below:

**CJIS #1300005486 & FBI ORI – MD920513Z**

2. If your background check is being sent to a government agency you may also need an ORI number.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification)
4. Take the [Livescan Pre-registration Application](#) to any fingerprinting center.
5. Bring payment: major credit cards, checks, and money orders are accepted. Cash is not accepted at the State Operated Fingerprinting Centers.

**Government Operated Services: The fee is \$32.75 for a full background check State and FBI.**

**Commercial Fingerprinting Services (Private Providers): The fee is \$32.75 plus an additional amount set by the private provider.**

**For a listing of providers, both State and Private please go to**  
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

**II FOR APPLICANTS WHO DO NOT RESIDE IN MARYLAND:**

- 1) Send an Email message, Barbara Smothers, Licensing Coordinator  
[barbara.smothers@maryland.gov](mailto:barbara.smothers@maryland.gov)
- 2) Provide your legal name and mailing address.
- 3) A fingerprint card will be mailed to you with an envelope addressed to CJIS.
- 4) **DO NOT MAIL THE COMPLETED FINGERPRINT CARD TO THE BOARD**

**DO NOT MAIL**

**THE FORM ON THE NEXT PAGE**

**TO THE BOARD**

**PRINT OUT THE FORM**

**COMPLETE IT**

**TAKE IT WITH YOU**

**TO A FINGER PRINTING PROVIDER**

**For a listing of providers, both State and Private please go to**  
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Name	<input type="text"/>				
Date of Birth	<input type="text"/>	SSN	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female (Please Check)
Height:	<input type="text"/> ft. <input type="text"/> inches	Weight	<input type="text"/> lbs.	Eye Color	<input type="text"/> Hair Color <input type="text"/>
Race	<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other ( Please Check)				
Place of Birth	<input type="text"/>		Citizenship	<input type="text"/>	
Current Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Daytime Phone	<input type="text"/>	Evening Phone	<input type="text"/>	Driver's License	<input type="text"/>

**AGENCY INFORMATION**

Agency Authorization #: 1300005486	Reason fingerprinted? Social Work License
ORI # (if required): MD920513Z	
Position Applied for: N/A	
Request Type: ( Choose only one)	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Immigration / Visa
<input type="checkbox"/> Attorney /Client	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Child Care	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal / Adoption	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Gold Seal / Letter / Visa	<input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and /or Individual Review)

Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>





This side **MUST** be completed for license to be issued.

## EDUCATION

Name on Official Transcript \_\_\_\_\_

Year BSW / MSW Obtained \_\_\_\_\_

College / University \_\_\_\_\_

State \_\_\_\_\_

## LICENSES / REGISTRATIONS / CERTIFICATIONS HELD

License number, issuance and expiration date can be found on the Board's website

List **ALL** ( Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## ANSWER ALL QUESTIONS

\*If question #4 is Yes- Please initiate the criminal history records checks as soon as possible.

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgement for any criminal act excluding misdemeanor traffic violations? (Misdemeanor traffic violations include driving while under the influence of alcohol, while impaired by alcohol, or while impaired by a drug, or a combination drugs and therefore, do not need to be reported to the Board.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

If any question is marked YES:

Did you submit the required documentation in a previous application

If yes, in what year \_\_\_\_\_ and please include, with this application, a copy of the documentation you previously submitted.

## APPLICANT'S AFFIDAVIT

**ALL FORMS / DOCUMENTATION MUST BE ORIGINALS**

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. In addition, I have read section §19-302.2 Criminal History Records Check - CHRC (included in the instructions) and understand my rights and responsibilities regarding a CHRC. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying qualifications for licensure.

Date \_\_\_\_\_

Signature \_\_\_\_\_



## MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215

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<http://www.dhmh.maryland.gov/bswe/>

### PROFESSIONAL REFERENCE FORM FOR CONTINUED APPROVAL

**THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT** Please complete and sign in **BLUE INK**

I am applying for Maryland social work license as a:

- ☐ Licensed Bachelor Social Worker "LBSW"      ☐ Licensed Graduate Social Worker "LGSW"  
☐ Licensed Certified Social Worker "LCSW"      ☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name  Home Number   
Current Mailing Address  Office Number   
City  State  Zip Code  Cell Number

To:

Name of Reference   
Address   
City  State  Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

**Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:**

**SIGNATURE** \_\_\_\_\_

**DATE**

### AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of \_\_\_\_\_

☐ 1 - 3 Years

☐ 4 - 6 Years

☐ 7 - 10 Years

(supervisee, colleague, administrator)

(A social worker can be, but does not have to be a reference)

(A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference  Position/Title   
Address  Phone Number   
City  State  Zip Code

**SIGNATURE** \_\_\_\_\_

**DATE**



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☐ 4 - 6 Years

☐ 7 - 10 Years

(supervisee, colleague, administrator)

(A social worker can be, but does not have to be a reference)

(A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference  Position/Title   
Address  Phone Number   
City  State  Zip Code

**SIGNATURE** \_\_\_\_\_

**Date**



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Applicant's Name  Home Number   
Current Mailing Address  Office Number   
City  State  Zip Code  Cell Number

To:  
Name of Reference   
Address   
City  State  Zip Code

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**DATE**

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☐ 1 - 3 Years

☐ 4 - 6 Years

☐ 7 - 10 Years

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Name of Reference  Position/Title   
Address  Phone Number   
City  State  Zip Code

**SIGNATURE** \_\_\_\_\_

**Date**